

## 2019 RESIDENT UPPER MISSOURI RIVER PADDLEFISH APPLICATION

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSINS BUREAU - PADDLEFISH
1420 E 6th AVE
PO BOX 200701
HELENA, MT 59604

Applications must be received by FWP no later than 5:00 pm on March 29, 2019.

MAN	IDATO	RY I	NFOR	<b>MA</b>	TION	Please Pi	rint Cle	arly.			
DATE OF BIRTH	MM	DD	YYYY	]	ALS	DATE OF B	that follows	s your date of bir		an ALS number	ALS number is a 1 to 3 you will be assigned a
NAME FIRST			МІ		LAST			JR., SR., ETC.	( ) HOME PHONE	(	) WORK PHONE
MAILIN	G ADDRES	SS							CITY	STATE	ZIP
	AL ADDRE a P.O. Box for I		ess						CITY	STATE	ZIP
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I am the	e applicant,	or a spouse	e, parent, cl	nild or s	ibling of the	e applicant, & I	have		requests for mailing lied to requestors?	sts. Do you wai	
their permission to submit this on their behalf. All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application, I am in violation of MCA 87-6-302.								NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name, address, gender, residency and whether you were successful.			
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<u> </u>	applying	as a pa	irty chec	k box	to the le	eft. Print <b>yo</b>	ur nam	ne along with	the other party me	embers belov	V.
		_		oer in	Party						
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	<b>.</b>							Make check p	ayable to: MONTAN	IA FISH, WIL	DLIFE & PARKS

## FWP.MT.GOV

PAYMENT AMOUN	⊺ <b>\$11.50</b>	
CHECK#		